

APPENDIX IV – PSA # _____

Check each applicable planning cycle:

☐ 2005-06

☐ FY 2006-07

☐ FY 2007-08

☐ FY 2008-09

ADVISORY COUNCIL

45 Code of Federal Regulations (CFR), Section 1321.57

CCR Article 3, Section 7302 (a) (12)

Total Council Membership (including vacancies) _____

Number of Council Members 60+ _____

	<u>% of PSA's 60+Population</u>	<u>% on Advisory Council</u>
Race/Ethnic Composition		
White	_____	_____
Hispanic	_____	_____
Black	_____	_____
Asian/Pacific Islander	_____	_____
Native American/Alaskan Native	_____	_____
Other	_____	_____

Attach a copy of the current advisory council membership roster that includes:

- Names/Titles of officers and date term expires
- Names/Titles of other Advisory Council members and date term expires

Indicate which member(s) represent each of the "Other Representation" categories listed below.

	<u>Yes</u>	<u>No</u>
Low Income Representative	<input type="checkbox"/>	<input type="checkbox"/>
Disabled Representative	<input type="checkbox"/>	<input type="checkbox"/>
Supportive Services Provider Representative	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Provider Representative	<input type="checkbox"/>	<input type="checkbox"/>
Local Elected Officials	<input type="checkbox"/>	<input type="checkbox"/>
Individuals with Leadership Experience in the Private and Voluntary Sectors	<input type="checkbox"/>	<input type="checkbox"/>

Explain any "No" answer. _____

**Briefly describe the process designated by the local governing board to appoint
Advisory Council members.** _____